- 1	21.00mstd 1011 Ont F 10-875										10 534633				
	•	С	LAIMS A	45 FILE	D-PARTI		•								
1	FOR		Cojumn 1		(Column 2)		SMALL ENTITY		··	OR	OTHER THAI SMALL ENTITI				
	BASIC FEE	HUI	ABER FILI	EO . W	NUMBER EXTRA		· RATE	FEE				7			
	(37 CFR 1.16(s)) TOTAL CLAIMS				:	<u> </u>			3			RATE	· FII		
	37 CFR 1.16(c))			minu	20 = 1			25			OR				
	HOEPEHOEHT CO	LAIMS	·	minu	3			100	=	_	0R	× 50.	.		
		444.00==				┦.	x : 100			OR	x , 200				
- 1	MULTIPLE DEPENDENT CLAIM PRESENT . (37 CFR 1.16(d))							1+5180		- 1 ,	วล	+360	1	_	
1.	Il the difference i	in column	i i sless i	nan zero,	enter "0" in colu	mn 2.		TOTAL		Η,	. (			_	
	CLAIMS AS AMENDED - PART II								<u> </u>	J '	)R	TOTAL	L	<u></u>	
13	024/07														
-	-		(Column 1)		(Column 2	(Column 3	Į	SMALL	ENTITY	c	R	OTHE	R THAN		
AMENDAGAT A		RE	MARNING		HIGHEST NUMBER	PRESENT	7	RATE	7	7.		SMALL	ENTITY		
			VFTER NOMENT		PREVIOUSLY PAID FOR	EXTRA	11		FIONAL			RATE	ADO		
	Total	. 5	21	Minus	" 7/	A	1 1	× . 25.	FEE	-	-		FEE	٠	
Į Ž	Independent (31 OFR 1.16(6))	1.3		.Minus	1 2	1. D	+		ļ	_ OF		<u>. 50</u> .			
₹	FRET BOCOC	<u> </u>		L	1_2	1.0	1	x s. 100.		OR		,200		٦	
-	FRST PRESEN	TATION C	F MULTIPL	IJ	+ 5 180=	1	OR		:360	~	٦				
			TOTAL ADD'L FEE		OR	T	OTAL		$\dashv$						
	(Column 1) (Column 2) (Column 3)							_		] 🗸	A	DOI FEE	•	4	
AMENDMENT B	٠.٠		Alning		HIGHEST	PRESENT	ır			7	_			1	
		AF	TER DMENT		PREVIOUSLY PAID FOR	EXTRA		RATE	ADDI- TIONAL	1	-	RATE	ADD	1	
	(DE CHEET 1.10(c))	•		Minus	PAUFOR	= .	-	,25.	FEE	;	<u> </u>		THONAL FEE	1	
	Independent (31 CFR 6.16(b))			Minus	444	<del> </del>	J			OR	K t	<u>.50</u> .		1	
₹		L		l		I	-	100.	· .	OR	X s	200		1	
	THESE PHESE IN	ATION OF	MULTIPLE	DIED HILLDING		<u>s 180</u> a		OR		360		1			
•							OTAL DO'L FEE		OR	TO	TAL D'L FEE	<del></del>	1		
	·	(Colum	nn 1)	••	(Column 2)	(Calumn 3)					201	Or see.	<del>-,</del>	ł	
ပ		REMA			HIGHEST	PRESENT					r		· · ·		
AMENOMENT		AFT	ER .		PREVIOUSLY PAID FOR	EXTRA	.	RATE	ADDI- TIONAL		,	EATE	ADDI	l	
	Total profit Liggi			Minus	PAIDFOR	=	-	,25	FEE				FEE .		
	Independent (17 OFR 1.155))	<del></del>		Minus :	***	-				OR		\$0.			
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (31 CFR 1.16(4))							<u>,100.</u>		OR	x 54	200Q		: I	
	LIPST BHEZENLY	ATTON OF	MULTIPLE (	IT CLAIM (BT CFI	Ŀ			OR	+ 9	360.					
	H 16			•	•		OTAL OO'L FEE		OR '	TOT	AL .				
"If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".												1 466 F.			
-14	H the "Highest N	lumber Pr	eviously P	ald For It	THIS SPACE &	less than 3 end	er "3"	<b>~</b> .					- 1		

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for rebusing this burden, should be sent to the Chief Information Officer, U.S. Palent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need essistance in completing the form, cell 1-800-P TO-9199 and soled option 2